## **RESERVATION & RESUME**

A) CHARTER RESER	RVATION REQUES	ST		
Dates requested*:				
NAME (Charter Captair	1):		AGE	
HOME ADDRESS:				
PHONE:				
BUSINESS ADDRESS:	:			
PHONE:				
OCCUPATION:				
DRIVERS LICENSE				
B) RESUME OF SAILI				
1. How many years hav	ve you been sailing/o	cruising?		
2. Approximately how	many days per year	r do you sail/cruise?		
3. List your sailing exp	perience according t	o the following catego	ories:	
Daysailing/Cruising:	:			
Years as skipper:	Sail	Power		
Years as crew:	Sail	Power		
Overnight cruising:				
Years as skipper:	Sail	Power		
		Power		
Coastal cruising:				
Years as skipper:	Sail	Power		
Years as crew:	Sail	Power		
Offshore/Bluewater:				
Years as skipper:	Sail	Power		
Years as crew:	Sail	Power		

5. Do you currently own a boat?	Type
Length	Number or years owned
6. Other boats you have owned,	sail and power. If many, list the three most recently owned.
1	
2	
3	
7. Have you chartered before?information at the end of this resu	if yes, please fill in below. If more than once, please list
Type of boatSi	ize When
Where	
Company	Bareboat Captain or crew
	urses which you have successfully completed:
9. List any piloting/navigation cou	
9. List any piloting/navigation cou	urses which you have successfully completed:  n which you think is pertinent or helpful to our evaluation:
9. List any piloting/navigation cou	urses which you have successfully completed:
9. List any piloting/navigation cou	urses which you have successfully completed:  n which you think is pertinent or helpful to our evaluation:
9. List any piloting/navigation coulons.  10. List any additional information.  11. List two sailing or personal resonal.	urses which you have successfully completed:  n which you think is pertinent or helpful to our evaluation:
9. List any piloting/navigation coulons.  10. List any additional information.  11. List two sailing or personal resonance.	urses which you have successfully completed:  n which you think is pertinent or helpful to our evaluation:  eferences other than family members or crew:

C. IN CASE OF EMERGEN	CY, PERSONS TO NOTIFY:	
Name		Phone:
Name		Phone:
D. CREW LIST: Please print needed for port clearance paper		ho will be on the boat. This information is
If you make any change in this	s list you must notify us as soon a	s possible in advance of your charter.* *
Name:	Age:	Phone:
Address		
Name:	_Age:	Phone:
Address		
Name:	Age:	Phone:
Address		
Name:	Age:	Phone:
Address		
Name:	Age:	Phone:
Address		
Name:	Age:	Phone:
Address		
		Phone:
Address		
auxiliary powered sailing crafthe sea. I agree not to allow the	t, including the practical knowled ne yacht to be operated by any oth	aspects of the handling and operation of an ge of seamanship, piloting, and the rules of the person without my direct supervision.
	and conditions and agree to be bo	•
		Date
(Captain of	Charter)	

<sup>\*</sup>Dates may be changed with approval of Seascape Charters.

<sup>\*\*</sup> If a co-captain should be desired, he/she must also submit a resume for approval. However, there can be only one captain designated on the port clearance papers.